



APPLICATION FOR INTRASTATE MEDICAL WAIVERS TO OPERATE CLASS A, B, OR C COMMERCIAL MOTOR VEHICLES

Medical Waivers for the operation of commercial motor vehicles INTRASTATE ONLY (within the borders of Massachusetts only) will be issued in accordance with the provisions of 540 CMR 14.04 (1)(d).

The Registrar may issue an intrastate waiver for the following conditions ONLY:

1. A VISION IMPAIRMENT if:

the individual has a combined horizontal peripheral field of vision of not less than 120 degrees, provided the individual also has a distant visual acuity of at least 20/40 (Snellen) in either eye, with or without corrective lenses, and the ability to distinguish the colors red, green, and amber;

2. A DIABETIC CONDITION if:

the individual submits a written statement from his or her physician (defined on reverse side of this application) which: provides specific reasons why the individual is not at risk or is no longer at risk of suffering hypoglycemic spells or episodes; and recommends a specific date for the Registry to re-evaluate the individual's ability to operate a commercial motor vehicle safely;

3. A CARDIOVASCULAR CONDITION if:

the individual does not have an implanted cardiac defibrillator and does not have Class III or Class IV heart disease according to the American Heart Association functional guidelines for classifying heart disease; and

4. A LOSS OR IMPAIRMENT OF LIMB so long as such loss or impairment of limb is not likely to interfere with the safe operation of a commercial motor vehicle.

5. A HEARING IMPAIRMENT if:

the certifying physician states the condition will not interfere with the safe operation of a commercial vehicle.

- Individuals with these specified conditions may obtain an intrastate waiver provided that the condition will not interfere with the safe operation of a commercial motor vehicle, as certified by their physician.
- **Intrastate waivers shall NOT be applicable to SCHOOL BUS operator certificates.**

- The following documentation **MUST** be submitted with your application to the Medical Affairs Branch:
- **A copy of the results of a recent DOT medical examination performed pursuant to 49 CFR 391.43, upon which the examining physician has indicated that you are only qualified to operate a commercial motor vehicle with an intrastate medical waiver; and**
- **Your employment driving record for the previous five years; and**
- **Your current employer's letter(s) of recommendation, including a certification that you will be engaged only in intrastate commerce within the Commonwealth of Massachusetts.**

APPLICANT INFORMATION: Name: _____ D.O.B.: ____/____/____

License #: _____ Class: _____ Endorsements: _____ Expiration: ____/____/____

Residential Address: _____ Telephone: _____

Employer/Company Name: _____

Company Address: _____

I hold a valid Massachusetts Operator's License, Class _____, am engaged only in intrastate commerce within the borders of Massachusetts, and hereby apply to the Registry of Motor Vehicles for a waiver to operate Commercial Motor Vehicles of this class.

Applicant's signature: _____ **Date:** ____/____/____

FALSE STATEMENTS ARE PUNISHABLE BY FINE, IMPRISONMENT, OR BOTH.

(Continued on Reverse)

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION:

I hereby authorize the physician completing this form to discuss and release any or all medical records pertaining to its content with or to representatives of the Registry of Motor Vehicles.

Applicant's signature: _____

Date: ____ / ____ / ____

THIS PART OF THE APPLICATION MUST BE FULLY COMPLETED BY A PHYSICIAN: A MEDICAL DOCTOR WHO IS LICENSED TO PRACTICE IN THE COMMONWEALTH OF MASSACHUSETTS.

To the Physician: Please complete the relevant section (1) through (5) below and complete the remainder of the application in full .

(1) Vision Impairments: Combined Horizontal Peripheral Field of Vision (record in degrees): _____

Distant Visual Acuity (Snellen): Left Eye (OS) 20/____ Right Eye (OD) 20/____

(If the applicant uses corrective lenses for driving please specify visual acuity above as corrected with RX).

Does the applicant use corrective lenses for driving? YES **G** NO **G**

Is the applicant able to distinguish the colors red, green, and amber? YES **G** NO **G**

(2) Cardiovascular Conditions: Does the applicant have an implanted cardiac defibrillator? YES **G** NO **G**

Does the applicant have AHA functional Class III or Class IV heart disease (see attached guidelines)? YES **G** NO **G**

Specify AHA functional Class (see attached guidelines) and symptoms: _____

Other Comments: _____

(3) Diabetic Conditions: Has the applicant ever had a hypoglycemic episode or spell? YES **G** NO **G**

The applicant is not at risk or is no longer a risk of suffering hypoglycemic episodes or spells for the following specific reasons:

Recommended date for the Registry to re-evaluate the applicant's ability to operate a commercial motor vehicle safely intrastate only:

____ / ____ / ____ (Specify month/year)

(4) Loss or Impairment of limb: Specify limb(s) affected and nature of impairment: _____

(5) Hearing Impairment: Specify degree of impairment and include any pertinent comments: _____

Please check one of the following categories:

I hereby certify that in my professional opinion and to a reasonable degree of medical certainty,

G the applicant named above is medically qualified to operate a commercial motor vehicle safely.

G the applicant named above is NOT medically qualified to operate a commercial motor vehicle safely.

Physician's Name (print) _____

Telephone _____ Registration # _____

Street Address _____

City _____

Signature _____

Date _____

CLASSIFICATION GUIDELINES

AMERICAN HEART ASSOCIATION FUNCTIONAL CLASSIFICATION SYSTEM

CLASS I Patients with cardiac disease but without resulting limitations of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation, dyspnea, or anginal pain.

CLASS II Patients with cardiac disease resulting in slight limitation of physical activity. They are comfortable at rest. Ordinary physical activity result in fatigue, palpitation, dyspnea, or anginal pain.

CLASS III Patients with cardiac disease resulting in marked limitation of physical activity. They are comfortable at rest. Less than ordinary physical activity causes fatigue, palpitation, dyspnea, or anginal pain.

CLASS IV Patients with cardiac disease resulting in inability to carry on any physical activity without discomfort. Symptoms of cardiac insufficiency or of the anginal syndrome may be present even at rest. If any physical activity is undertaken, discomfort is increased.